

Parenting Teenagers

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**A review of best practice principles
In New Zealand parenting programmes**

August 2007



**This report was prepared by Youthline in a joint project
with Counties-Manukau District Health Board.**

Youthline is a regionally focused, nationally linked service promoting community-based youth development. Youthline operates from an integrated model of evidence-based practice within a community development, training and youth development, and clinical services framework. Youth development is about being connected, having quality relationships, fostering participation and being able to access good information.

Counties Manukau District Health Board (CMDHB) was established on 1 January 2001 under the provisions of the New Zealand Public Health & Disability Act (2000). CMDHB is responsible for the funding of health and disability services and for the provision of hospital and related services for the people of Counties Manukau (Manukau City, and Franklin and Papakura Districts) as set out in the DHB functions and objectives in the Act. CMDHB's shared vision is to work in partnership with our communities to improve the health status of all, with particular emphasis on Māori and Pacific peoples and other communities with health disparities. Child and Youth health is one of the development areas the CMDHB will be focusing on over the next three years.

The project team comprised Mark Mercier, Alayne Hall, Sharon Milne and Paul McBride.

Disclaimer

This review was commissioned to inform best practice and guide future resourcing. The opinions expressed in this document do not necessarily reflect the official views of CMDHB.

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*"[Success is] seeing whole whanau happy, laughing
and working together as a whanau."*

— Programme provider.

PARENTING TEENAGERS

A review of best practice principles in New Zealand parenting programmes

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EXECUTIVE SUMMARY

INTRODUCTION AND SCOPE

INTEREST IN PARENTING PRACTICES for parents of teenagers is strong; pressures on families are increasing and media are quick to report on issues of delinquency, suggesting a young populace out of control. A range of support services exist for parents, including parenting programmes which offer approaches to commonly experienced problems. Little has been published about parenting programmes in New Zealand. Where research has been carried out, the focus has been parenting young children rather than adolescents. This project seeks to create an understanding of parenting programmes for the parents of teenagers.

This project comprises two major research strands to best address programme practices. Firstly, a review has been made of international literature to determine an overall picture of best practice in parenting programmes. The findings were applied in a New Zealand context to formulate a relevant model of best practice. Key to this was an alignment of best practice with the Youth Development Strategy Aotearoa (2002).

Secondly, qualitative interviews were conducted with programme providers to ascertain what modalities and practices they employed, what gaps they perceived existed currently and their needs for the future. This is not intended as a comparative study of services, nor an exhaustive investigation of all services provided across New Zealand. Providers interviewed provided a snapshot of current service provision, rather than a census. As such, this report does not investigate geographic coverage of parenting programmes. From the collated qualitative and literature-based research, a range of gaps were identified between best practice

and current resourcing. Finally, recommendations were made for future practice.

This summary will identify the conclusions of the best practice literature review, the alignment with the Youth Development Strategy Aotearoa, the gaps in current practice and recommendations for future practice.

In this report, the term 'parenting programme' will refer exclusively to programmes for the parents of adolescents, excluding those for parents of younger children.

INTERNATIONAL BEST PRACTICE CONCLUSIONS

From reviewing the international literature on parenting programme outcomes, several broad conclusions can be drawn in terms of correlations with best practice:

1. *Strength of supporting evidence*

- Programmes incorporate evidence-based practice in design.
- Programmes incorporate ongoing evaluation of results.
- Attempts made to collate perceptions of youth.

2. *Programme reach*

- Socio-economic milieu is acknowledged in programme design.
- Programmes context-, not content-based.
- Programmes identify multiple goals and promote multidisciplinary collaboration in order to attain these goals.

3. *Theoretical basis*

- Programmes adopt holistic and integrative theoretical elements that acknowledge social learning, strengths-based, cognitive, relational and family-systems elements.
- Programmes focus on protective factors in the family.

4. *Developmental appropriateness*

- Programmes incorporate age-based norms to foster parental empathy and understanding towards challenges and issues faced by their adolescents.
- Programmes facilitate relationship skills in terms of communication, conflict-resolution, the tension between boundaries and freedom.

5. *Promotional strategies*

- Programmes incorporate coherent promotional strategies to promote parental participation and to assist with normalising seeking support for parenthood.

6. *Cultural appropriateness*

- Programmes incorporate culturally relevant practices in conceptualisation, design, implementation, analysis, interpretation and dissemination.
- Programmes acknowledge parenting practices occur with broader cultural context.
- Programmes acknowledge the variety of cultural strengths in family practices.

7. *Dissemination strategy*

- Programmes utilise spectrum of resource formats to maximise accessibility.
- Programmes emphasise and prioritise facilitator training.

8. *Cost-Effectiveness*

- Programmes engage with the socio-political context of policy support (e.g., ministerial and local government support).
- Programmes collate and present robust evidence on social and economic costs comparing implementation with non-implementation.

9. *Consumer acceptability*

- Programmes acknowledge and support parental psychosocial issues.
- Programmes tailored to meet consumer needs.
- Programmes utilise the established positive reputations of settings to maximise programme credibility.

BEST PRACTICE IN A NEW ZEALAND CONTEXT

The overriding objective of the Youth Development Strategy Aotearoa is to support young people to develop the skills and attitudes required to positively interact with society. This has applicability to the outcomes of parenting programmes. The strategy is built around the following six principles of development, identified to provide a paradigm ethos

to guide youth policy. Descriptions are included of their fit within parenting programme best practice:

1. Youth development is shaped by the 'big picture'.

The first principle of youth development is well supported by parenting programme best practice. The international literature demonstrates an evolving appreciation of the social-economic and cultural variants that determine risk and protective factors in youth development and parenting practice. In response, best practice recommends holistic, theoretical elements in order to comprehensively support parents engage in parenting practices that foster family resilience as a fundamental protective element. The 'big picture' principle requires a New Zealand best practice framework that acknowledges the role of parents to 'pass on culture, knowledge, values, attitudes' from one generation to the next in ways that respect cultural divergence.

2. Youth development is about young people being connected.

There is further close resonance with identified parenting programme best practice and the YDSA's emphasis on youth connection. The Families Strategic Framework and Priorities Report advocates a systems view that adopts an ecological approach recognising that 'everything is connected to everything else' (MSD, 2004). Similarly, the YSDA identifies the fundamental youth social environments of family ('the most important'), community, school/university/workplace, and peers. Parenting programme best practice favours context over content, with protective elements incorporating strengths derived from home, school, community, church and workplace settings. In addition, the importance of cultural connections, as previously stated, forms a key part of programme best practice.

3. Youth development is based on a consistent strengths-based approach.

The principle of a consistent strengths-based approach partly deviates from programme best practice in that trends in theoretical affiliation point to an embracing of combined modalities. An argument can be made that a dominant strengths-based structure could still allow for an incorporation of supplementary theoretical elements.

Nevertheless, identified best practice components of family protective factors, and acknowledgement of cultural strength variety, forms an area of closer framework overlap.

4. Youth development happens through quality relationships.

The YDSA Action for Child and Youth Development report (MYA, 2002) states that relationships between young people and their parents are most effective when parents relate with warmth and acceptance, set appropriate limits, convey respect, show concern and listen. These qualities consistently form core elements with parenting programme best practice. The report's inclusion that effective training in relation with young people contributes to supporting quality relationships represents a further key area of mutuality. The multidisciplinary component of programme best practice finds advocacy in the Strategic Framework and Priorities Report's description of Strengthening Families as based on collaborative interagency support for vulnerable families (FSNAS, 2004).

5. Youth development is triggered when young people fully participate.

The principle of full participation as part of youth development represents the core disparity in terms of current best practice. In this facet, current parenting programme best practice could draw upon YDSA principles for improvement. The collated literature demonstrated a stark exclusion of youth consultation and collaboration in programme design and evaluation. The Ministry of Youth Affairs E Tipu E Rea framework for Māori development (2002) recommends that Taiohi Māori share their stories with Māori whanau, hapu, iwi and communities (nga whainga tuawha) as a key element within positive youth development. Related to this, The Action for Child and Youth Development (2002) report posits that effective youth development is based on: being informed, having an effect on outcomes, self organisation, making decisions or being involved in decision-making, and being involved in follow up (p 23). As none of these elements have been explicitly portrayed in current best practice, it can be argued that the perception of the 'consumer' warrants further exploration in order to encompass both parent and adolescent.

6. Youth development needs good information.

The final principle of youth development emphasises the need for good information. Whilst the literature includes calls for more robust research methodologies, especially in terms of long-term follow-up studies, sufficient evidence exists that programme best practice implementation facilitates significant health outcomes for parents and young people. Increasingly, innovative promotional strategies and dissemination strategies are also enabling greater programme effectiveness, complementing young people's interest and engagement with sophisticated media technologies. At a wider political level, there are signs that the economic benefits of effective youth strategies are attaining a degree of recognition.

GAPS IN CURRENT RESOURCES

A range of service providers were interviewed to discuss current provision in the sector (see Appendix 1). From these interviews, the nature of service provision was described, and a range of gaps in provision were identified, as summarised below:

Accessibility

A potential shortfall exists between programme reach and ideal level of service provision. As service accessibility has not been investigated quantitatively, several elements of accessibility have not been established including: the level of public knowledge of services available to parents of teenagers; the geographic reach of programmes; the availability of positions and waiting times; access to childcare; and the social acceptability of attending such programmes. Further, it is unclear what messages reach parents who would benefit most from participation.

Youth participation

Principles of youth participation discussed in the Youth Development Strategy Aotearoa are not consistently upheld in programme design. Young people should be involved in the design of services from their conception to capture their values and opinions. As stated in the YDSA, "[e]ffective

participation can lead to more 'ownership' of the activity/idea and help ensure that policies, services and programmes meet young people's needs" (p 23). While parenting programmes are delivered to parents, the skills must address the needs of adolescents.

Advertising reach

Advertising would improve public knowledge of available services. At present, it is unclear to what extent parents are aware of local services to assist them. However, as programmes have limited advertising reach, it is almost certain that many parents will be unaware of them. While those who choose to seek out such services are most likely able to find them, parents who may require prompting to utilise programmes are less likely to be incidentally exposed. In addition, advertising parenting programmes could help to reduce the stigma currently associated with seeking help for parenting. As already noted, resources are limited. Hence, programmes themselves will generally lack the funding to increase their advertising reach. Assistance external to the programmes may be needed, most probably from local or central government. Further, additional resources may be required for service provision. Wider programme reach with current resources may result in increased waiting periods for programmes, rather than wider delivery.

Resource availability

At present, resources available to parenting programmes are such that many programmes rely on volunteer facilitators. Programme providers acknowledge there is a demand that they cannot meet at the present time. Where programmes are run, some providers have reported waiting lists, and others have acknowledged that a lack of facilitators has meant courses have not been run in areas despite a demand. Funding also underlies a range of other factors in programme provision.

Cost-benefit analysis

A quantitative analysis of the costs of providing parenting programmes contrasted with the societal costs of crime and antisocial behaviour associated with inadequate parenting has not been done in New Zealand. This would be invaluable as a justification for far wider funding of parenting

programmes. Some research exists in New Zealand linking antisocial behaviour in children with later criminality; such research could provide a basis for part of the analysis. In addition, information should be collated to indicate the number of families assisted nationally. Further research on the scope for expanding services may also be required to establish what net benefits would exist with increased funding.

Networking

Better communication and coordination between programmes could be beneficial for providers. Coordinating statistical information around the numbers of families assisted around New Zealand would help build a picture of current service provision, and could be facilitated by increased collaboration between programmes. Collectively, programmes could make a case for better funding using this collated information along with knowledge of their local areas. Such networking could be achieved through formal means, such as forming an association, or through informal means.

RECOMMENDATIONS

Finally, recommendations were drawn to guide current resourcing toward a best practice model applicable to New Zealand:

1. Further research is required to establish the extent to which service provision is limited by accessibility.

Areas of accessibility which need to be established for parenting programmes for parents of teenagers include: geographic availability, availability of positions in courses and knowledge of existing local services. Research may need to census service providers and provide a wide cross-section of opinions from New Zealand parents.

2. Additional research into the social acceptability of attending courses to improve parenting is warranted.

It is unclear to what extent social stigmas prevent people from considering parenting courses. Further, it is unknown whether attitudes vary across New Zealand, or are largely

homogenous. Attitudes may also vary between different demographic groups in New Zealand. Understanding such attitudes could assist in setting funding priorities, where geographic areas or demographic groups align with a greater need for parenting programmes. Understanding the dynamics of different settings may be valuable. As suggested in literature, a school or workplace setting may reduce negative perceptions.

3. Youth participation principles should underpin parenting programmes.

In current service provision, little evidence exists for youth participation, as described in the Youth Development Strategy Aotearoa. Youth participation processes would help ensure that content connects with young people and meets their youth development needs. Programme providers or facilitators who are unfamiliar with the Youth Development Strategy Aotearoa should read it and synthesise relevant information into programmes.

4. Wider advertising of programmes.

Advertising will increase public knowledge of the services available to parents. The value in wider advertising would need to be evaluated following the research recommended above. As awareness of services has not been investigated, it is unknown to what extent this will increase demand for parenting programmes. However, advertising will also be a key to normalising help-seeking behaviour as already described. External funding for any wide-scale advertising will almost certainly be needed. However, novel approaches to seeking free advertising by programme providers could improve awareness without increasing costs.

5. Quantitative analysis of societal costs and benefits of providing parenting programmes.

Costs of programme provision can be viewed as a long-term investment to reduce the likelihood of later criminal offending and its associated costs. Provided such an analysis demonstrates that the provision of parenting programmes is a cost-effective measure to reduce large costs in the future, this is likely to be the fundamental justification for funding for parenting programmes. As some analyses suggest resources could be best spent as preventative parenting

programmes for parents of young children, parenting adolescents could fill a niche as an issues-based intervention as necessary.

6. Child care provision

One specific factor identified by several providers as a barrier to accessing services is the availability of cheap or free child care. It appears that the provision of a crèche facility would increase the access to services for parents who have any children under the age of 14. As many courses are facilitated by volunteers, it may be possible for some programmes to also run child care with volunteers.

7. More facilitators are needed.

A bottleneck for many providers is a lack of skilled facilitators to lead programmes. Recruiting able and enthusiastic facilitators will be an essential part of being able to grow programmes to meet a wider demand.

8. Better networking between programmes is required.

Increased networking between programme providers is likely to be a key to progress for increased funding of parenting programmes. Better information within the sector will lead to better coordination of information for decision makers. Further, this will assist in supporting the principles of the Youth Development Strategy Aotearoa. However, providers will need to be able to allow for some administrative time to network and share information with other providers.

9. Forming an association of parenting programmes in the future will be beneficial.

As members of an association, parenting programmes will have better and more formal contact with each other. An association is more likely to hold positive influence and be in a position to comment on issues regarding parenting. Ultimately, this may see improved funding. Such a formation may not be realistic currently, as little contact exists between many providers.

10. Local research on the efficacy of parenting programmes is required.

Additional research into the results of parenting programmes, including long-term research on the outcomes for young people will be useful as a justification for funding. A part of this may be coordinating and standardising a formalised feedback process for participating parents.

INTRODUCTION

Nationally and internationally, there are strong signs that the challenges faced by young people are increasingly capturing public interest. Commentators have speculated on the extent to which the barrage of views and images represent societal failings, or rather reflect the sensationalist interests of a media preoccupied with conveying negativity (Kurz, 2002). Nevertheless, there is widespread concern over the degrees to which young people are exposed to risk-factors such as alcohol and substance misuse, violence, gang involvement, unsafe sexual activities (Todd, 2000; Spring, Rosen & Matheson, 2002) as well as underlying mental health issues, including anxiety, depression and conduct disorders (Sanders, 2000; Ministry of Youth Development, 2003). Consensus is more prevalent in terms of a desire to explore and implement initiatives that support young people in realising their potential. The rationale for such a commitment can be summarised as follows:

Young people are tomorrow's workers, parents, and leaders. Improving educational, employment and social outcomes for young people today is one of the best investments we can make to secure a prosperous future as a nation (Ministry of Youth Development, 2005, p 5).

Changes in family systems have introduced pressure to parents trying to raise teenagers in New Zealand. Increasingly, single parents are raising children and young people and traditional gender roles are diminishing. At the same time, other pressures exist for young people from their peers and wider society. In this context, it is unsurprising that young people need to experience strong and consistent guidance and

behaviour-modelling in order to develop in a positive way.

The resulting increased interest in parenting has led to a rising number of programmes, aimed at supporting parents of teenagers. Programmes in New Zealand are run from Northland to Southland, and are operated on scales from local to national. These services are heterogeneous, comprising a range of modalities and operating from different sets of personal values. It is essential that a wide range of services exist to complement the varied experiences of both parents and adolescents in New Zealand.

To date, New Zealand research on parenting programmes has focused on parenting young children. A Families Commission review of parenting programmes was limited to those programmes aimed at parenting children aged six years or younger (Hendricks and Balakrishnan, 2005). Subsequently, little is known collectively of programmes for parenting teenagers in New Zealand.

Ideally, parenting practises in a New Zealand context will support the principles of the Youth Development Strategy Aotearoa (Ministry of Youth Affairs, 2002). Hence, best practice parenting programmes should also support these principles to ensure parents create positive environments for young people to develop, rather than aiming simply to curb 'bad behaviour'. In this report we have compared national and international practice with the Youth Development Strategy Aotearoa, in order to create a set of best practice guidelines that support the principles of youth development.

SCOPE

This project seeks to create an understanding of parenting programmes for the parents of teenagers. Herein, the term “parenting programme” will be used to refer to these programmes specifically, rather than programmes for parents of younger children. We have aimed to develop best practice principles for parenting programmes in New Zealand, while reviewing international guidelines and actual practices in New Zealand.

Parenting programmes are difficult to define as delivery, content and context can vary greatly. In a broad sense, any formal guidance on parenting issues delivered regularly constitutes a parenting programme. However, most programmes are delivered in a group setting, as discussed in the review of best practice. Nonetheless, where appropriate, programmes may be delivered through other modes of delivery.

This project comprises two major research strands to best address programme practices. Firstly, a review has been made of international literature to determine an overall picture of best practice in parenting programmes. The findings were applied in a New Zealand context to formulate a relevant model of best practice. Key to this was an alignment of best practice with the Youth Development Strategy Aotearoa (2002). Secondly, qualitative interviews were conducted with programme providers to ascertain what modalities and practices they employed, what gaps they perceived existed currently and their needs for the future. These interviews provided a snapshot of current views and opinions from service providers.

From this, a picture of the state of parenting programmes currently in New Zealand has been

developed, identifying gaps and needs for providers. In addition, recommendations are made for best practice and support for parenting programmes. We hope that this will improve resourcing and ultimately achieve wider reach of parenting programmes across New Zealand.

This is not intended as a comparative study of services, nor an exhaustive investigation of all services provided across New Zealand. Providers interviewed provided a snapshot of current service provision, rather than a census. As such, this report does not investigate geographic coverage of parenting programmes.

Review of Best Practice



“Successful parent services will be able to measure the changes in the roles and responsibility of the whanau who come to work with the service.”

— Programme provider.

INTRODUCTION

CONSISTENTLY, correlations have been found that link parenting styles and familial relationships with positive adolescent outcomes (Schuster, Eastman, Fielding, Rotheram-Borus, Breslow, Franzoi and Kanouse, 2001; FSNAC, 2004; Scott, 2006). Specific findings include that young people benefit from parenting practices that prioritise and promote:

- consistency (Dean, Myers & Evans, 2003),
- support and praise (Turner & Sanders, 2006),
- clear communication (Mackay, 2003),
- adequate supervision and monitoring (Hogue & Liddle, 1999),
- quality time (Weaver, 2001),
- warmth (Kalil, 2003),
- education (Todd, 2000),
- mutual respect (Smith, 2006),
- the establishment of developmentally appropriate boundaries (Jarvis, Trevatt & Drinkwater, 2004), and
- cultural identity and pride (Cheng, 2004).

Collectively, such qualities tend to be associated with an 'authoritative' style of parenting. Practices lacking such qualities may be described as one or more of the following: coercive, authoritarian, permissive, neglectful or inconsistent (Baumrind, 1991; Dean, Myers & Evans, 2003). Such parenting styles are associated with negative adolescent outcomes (Todd, 2000; Mackay, 2003).

Parents in New Zealand – as with parents elsewhere – are increasingly faced with severe challenges in their ability to foster quality family relationships. Such challenges come from pressures within or outside of the family unit. In the New Zealand Families Today report (2004) the Ministry Of Social Development point to the following as features of family change:

- an increase in the instability of partnerships;
- a decline in the rate of marriages;
- a weakening in the link between marriage and childbearing; and
- a fundamental change in women's economic role in the family.

Family systems are characterised by:

- high levels of extramarital childbearing;
- high rates of single parenthood; and
- less differentiation in roles between the sexes.

Furthermore, the Family Services National Advisory Council (2004₂) cite colonisation, urbanisation, changing debt / wealth needs, changing home ownership / renting structures and the reduced influence of churches as all contributing to extra stressors that, in the local context, have placed pressure on the institution of family.

Increasingly, government, academic and other key stakeholders are exploring and trialling methods and interventions to assist parents in their efforts to support their children and adolescents. One form of assistance has been the development of parenting programmes, which take the form of structured courses to further effective parenting skills. The overriding intention of such courses is to help parents change their child's behaviour and to facilitate a change in family relationships (Bunting, 2004). The purpose of this section is to review parenting programmes both locally and nationally and identify best practice.

METHODS

This section of the report aims to identify and summarise best practice in the implementation of parenting programmes for parents of adolescents. The methodology adopted was not systematic literature review, although systematic principles were utilised to research literature scope. Priority was afforded to collating findings from comprehensive and large-scale evaluations.

The literature was sourced from PSYCHinfo, ERIC, EMBASE, Medline and Academic Search Premier databases. Key words used were:

- “parenting programmes”
- “parents programmes”
- “parenting programs”
- “parents programs”

with ‘AND’ criteria stipulated as “adolescents” and “teenagers”. Whilst primacy was placed on parenting programmes for parents of adolescents, parenting programmes for parents of children were also collated due to the shared relevance of certain principles. Reference lists of relevant articles were also searched to identify key sources.

The research indicates that parenting programmes for parents of adolescents is still in a fairly early stage of development. Consensus is evident amongst contributors that a pressing need exists for more robust trials and research. Currently, the majority of evidence-based research and expert opinion is generated in the United States, although Australia, United Kingdom and other European countries are also form part of international contributions to the field.

Intervention results predominantly take the form of self-reports for parents and practitioners. There is a pervading lack of long-term follow-up trials. Similarly, there is a comprehensive lack of data recorded from adolescents whose parents have attended parenting courses.

INTERNATIONAL LITERATURE ON PARENTING PROGRAMMES

TYPES OF PARENTING PROGRAMMES

The academic literature provides meta-analyses, survey and summaries of parenting programmes in the US, the UK, Australia and Sweden. A survey of parenting programmes in the UK by Roker and Coleman (1998) identified two distinct groups. The first were orchestrated by large and widely-known national organisations, which generally used their own materials, lasted for 6-12 weeks, and usually catered for 6-12 parents. The second group was run by individuals and organisations for a local area and were usually managed by health authorities, religious groups, social services departments, and the youth service. Typically they were offered sporadically, struggled to secure ongoing funding, and required the expertise and commitment of a particular individual.

i) Values Base

Most parenting programmes identified with a defined theoretical and/or values base. In her analysis of systematic reviews, Bunting (2004), identified behavioural, cognitive-behavioural, relationship-based, rational-emotive and multi-modal theoretical frameworks. While these constitute forms of psychological values bases, further core values in courses included religious beliefs and ethical and moralistic perceptions of relationship ideals (Roker & Coleman, 1998).

ii) Course Aims, Content and Format

Irrespective of the different modalities employed, broad overlaps were identified in course aims (Hogue & Liddle, 1999; Scott, 2006; Cheng, 2004; Sanders, 2003). These included:

- develop skills in parenting teenagers;
- identify and practice new techniques for resolving conflict;
- develop listening and communication skills;
- raise awareness of own needs;
- offer parents support and encouragement; and
- learn from the experience of others.

Key themes in terms of course content included interventions target towards:

- understanding the nature of adolescence (e.g. Todd, 2000);
- listening and communication skills (e.g. Sanders, 2003);
- conflict and discipline (e.g. Ralph & Sanders, 2003);
- encouragement, affirmation and adolescent strengths (e.g. Kumpfer & Bluth, 2004);
- choices and consequences (e.g. Kazdin, 1997); and
- links between the experiences of own parenting and adolescence to parenting styles (e.g. Jarvis *et al.*, 2004).

The format and methods employed also demonstrate the breadth and variety of parenting programmes. The formats and methods noted include:

- group work,
- psycho-social education,
- counselling,
- role-play,
- filming, and
- homework.

iii) Target Populations

Target populations differed between those that were open to any parent wishing to attend, and those with restricted membership, for example, the parents of teenagers involved in crime, the parents of adopted

teens, or step-parents (Roker and Coleman, 1998). In Australia, the Triple P (Positive Parenting Programme) has devised innovative multi-level parenting programmes that range from broad, population-based, preventative approach to risk-reduction, to specifically targeted parental groups deemed exposed to high-risk environments (Ralph & Sanders, 2003; Cann, Rogers, & Mathews, 2003).

iv) Practitioner Training

The training and professional background of those who deliver courses provided a further element of divergence. In Roker & Coleman's (1998) study approximately two thirds of respondents were paid and many of the projects focused on enabling parents to train as course facilitators. Furthermore, virtually all respondents in their survey stated that those facilitating the groups needed to be parents, ideally of teenagers.

The training that was provided for facilitators was varied, and included:

- training in a particular course, modality, or set of materials;
- facilitating groups;
- counselling;
- listening skills;
- courses in child and adolescent development;
- dealing with conflict; and
- presentation skills.

The Triple P Positive Parenting Programme (Ralph & Sanders, 2003) has sought to train a variety of professionals in order to supplement skill bases and promote interdisciplinary collaboration. Trained professionals include nurses, social workers, psychologists, preschool teachers, teachers and welfare workers (Dean, Myers and Evans, 2003).

vi) Programme Setting

Further variables in parenting programmes for teenagers exist in terms of the setting and location in

which they are implemented. The majority of parenting programmes are conducted in community facilities which include community halls, clinics, schools and churches (Rooke Thompson & Day, 2004; Mahoney, Pargament, Tarakeshwar, & Swank, 2001). Alternative workplace (Schuster *et al.*, 2001) and rural settings (Cann, Rogers and Worley, 2003) are also acknowledged in the literature.

OUTCOMES OF PARENTING PROGRAMMES

In keeping with larger trends throughout health research, there has been an increasing drive to devise empirically-based interventions in parenting programmes. Kazdin (1997) notes how managed-care/third-party funders are requiring rigorous proof of intervention outcomes before programmes become implemented. Whilst these pressures are less prevalent for independent local and community service providers – for example, in Roker and Coleman's (1998) study, less than 10% of programmes, typically the larger ones, had their programmes methodically and externally evaluated – sophisticated appraisals are being sought to form a key part of establishing notions of best practice (Kendall & Bloomfield, 2005).

Sanders and Morawska (2006) offer the following criteria which can be used to assess the strength of evidence:

- strength of supporting evidence,
- programme reach,
- theoretical basis,
- developmentally appropriate,
- promotional strategies,
- cultural appropriateness,
- evaluation,
- cost-effectiveness, and
- consumer acceptability.

These categories provide a useful framework for which to summarise research findings.

i) Strength of supporting evidence/evaluation

Despite the oft-stated desire for robust research, most commentators reflect that few rigorous evaluations are available (Kendall & Bloomfield, 2005). Those that had been conducted tended to focus on efficacy trials (conducted with carefully defined populations with stringent inclusion and exclusion criteria), with a corresponding paucity of effectiveness trials (delivered through regular services) and dissemination trials (evaluating the transferral of knowledge and techniques onto other professionals) (Sanders, 2003; Turner & Sanders, 2006). Further problems are evident in the proliferation of small and highly specific or unrepresentative samples, lack of long-term follow-up and reliance on self-reports from parents and group leaders (Kendall & Bloomfield, 2005).

Nonetheless, programme evaluations often provided significant consumer satisfaction questionnaire results (e.g., Dean, Myers & Evans, 2003), changes in stress levels (e.g. Parenting Stress Index; Stress Index for Parents of Adolescents, Jarvis *et al.*, 2004), and Likert-scale rating changes on items such as parent-teenager conflict, parental beliefs, parental adjustment, etc. (Ralph & Sanders, 2003). Existing research on parenting programmes has produced positive outcomes in terms of parental psychosocial health, improved relationships and reduced behavioural problems (see Mockford & Barlow, 2004).

Bunting (2004) cites the ongoing evaluation of the Every Family Initiative, Australia's largest ever population trial of a comprehensive multi-level parenting strategy. Although this programme targets younger children, evidence-based strategies employed to measure this and other programmes will offer guidance for more robust evaluation of parenting programmes for teenagers.

Finally, a surprising gap in the literature — with the exceptions of a few respondents to Roker & Coleman's (1998) survey — has been that of any evaluations of the adolescents' experiences and perceptions resultant from their parents' participation.

ii) Programme reach

The overwhelming majority of parenting programmes in the amassed from academic journals were targeted towards population-based levels (e.g., Rooke *et al.*, 2004; Hallberg and Hakansson, 2003), although some were specifically designed for 'high-risk' children (e.g., Todd, 2000). The results seemed to suggest not so much that best practice required one form of approach over another, but more that programme objectives were designed with intent which acknowledged the scale of the issues within the milieu of the parents and their teenagers.

From a review of 1,200 outcome studies, Durlak (1998) identified common risk and protective factors from successful prevention programmes for children and adolescents (Table 1).

Durlak subsequently identified relationship correlations between these factors and major outcomes that included:

- behavioural problems,
- school failure,
- poor physical health,
- physical injury,
- physical abuse,
- pregnancy,
- drug use, and
- AIDS.

Durlak's cited risk and protective factors generally exist on a continuum, as opposed to representing dichotomous variables. Furthermore, as Durlak concludes:

Categorical approaches to prevention that focus on single domains of functioning should be expanded to more comprehensive programmes with multiple goals.

Future prevention programmes, therefore, will need to be more multidisciplinary and collaborative (p 518).

This trend is accurately reflected in the Triple P training of a cross-section of professionals as efforts to ensure service consistency (Dean, Myers, Evans, 2003).

iii) Theoretical Basis

Academic literature on parenting programmes demonstrates an overwhelming alignment with cognitive-behavioural/social learning (e.g., Kazdin, 1997), strengths-based (Schuster *et al.*, 2001), relational (e.g., Jarvis *et al.*, 2004) and family systems theories (e.g., Leon & Armantrout, 2007).

Table 1: Risk and protective factors for successful prevention programmes for young people (from Durlak, 1998).

Risk Factors	Protective Factors
<i>Community</i>	
Neighbourhood impoverishment	Positive social norms
Ineffectual social policies	Effective social policies
<i>School</i>	
Poor quality	High quality
<i>Peer group</i>	
Negative peer pressure	Positive peer modelling
Peer rejection	
<i>Family</i>	
Low socioeconomic status	Good parent-child relationships
Parental psychopathology	
Marital discord	
Punitive childrearing	
<i>Individual</i>	
Early onset of target problem	Personal and social skills
Problems in other areas	Self-efficacy
<i>Other</i>	
Stress	Social support

Behavioural/social learning strategies emphasise positive reinforcement to encourage prosocial behaviour, and the withdrawal of such rewards resulting from undesired behaviour (Kazdin, 1997). A primary objective is the development of self-efficacy, a self-perception of one's ability to perform competently or effectively in a particular task or setting. A strong sense of self-efficacy enables

persistence and eventual success (Kendall & Bloomfield, 2005).

Strengths-based strategies challenge medical models that emphasise pathology and posit that humans have a self-righting tendency (Smith, 2006). Internal and external risk and protective factors are identified with

the emphasis placed on promoting a sense of resilience (Mackay, 2003).

Cognitive strategies emphasise skills in problem-solving and correcting cognitive distortions resultant from negative and dysfunctional thought processes (see Rooke *et al.*, 2004).

Relational strategies emphasise support and understanding gained through exploration of relational processes (Jarvis *et al.*, 2004). Participants may discover how family-of-origin experiences have led to subsequent repetition or rejection (Spring *et al.*, 2002).

Family systems strategies emphasise that systems are ever-changing though striving to maintain equilibrium. The focus of intervention rests on exploring interactions between internal and external factors both within the family and the wider social environment (Leon & Armantrout, 2007).

Whilst cognitive-behavioural, social learning and, increasingly, strengths-based approaches are predominant in the academic literature, these perspectives, often contain some areas of overlap differentiated mainly by terminology, are often becoming deliberately synthesised to design holistic approaches that aim to improve family outcomes in different areas (e.g., Turner & Sanders' BFI theoretical formulation, 2006; Cheng's DTBY programme, 2004).

Scott (2006) summarises the current drive towards theoretical integration as follows:

On the one side have been programmes that take a purely counselling approach based on parental insight and emotional support that do not offer practical advice on what to do...On the other side have been programmes that teach behavioural skills on how to handle child behaviour but do not explore beliefs...it seems helpful actively to solicit what parents are feeling as well as helping them to develop skills to change relationships (p 485-6).

iv) Developmental Appropriateness

The transition into adolescence can be extremely challenging for both parents and adolescents. Conflicts may arise in relation to schoolwork, alcohol/drug abuse, time spent with friends, household responsibilities and emerging sexuality (Lim, Stromshak & Dishion, 2005). Parents often feel more anxious about their roles and responsibilities and may lack knowledge on normative adolescent development, risk behaviours and risk reductions (Schuster *et al.*, 2001). Teenagers typically negotiate for greater freedoms, as part of an ongoing process of individuation, which also entails an increased desire to keep aspects of their lives private (Kurz, 2002).

It is for this reason that interventions that focus solely on behavioural outcomes fare less well for parents of adolescents than they do for parents of younger children (Kazdin, 1997). What is missing from such approaches is an appreciation of the needs for a collaborative model of parenting that promotes dialogue and communication. Hogue and Liddle (1999) recommend less focus on behaviour management and more focus on parent-child interactional skills. They also suggest the promotion of parental involvement in peer group activities and emphasis on parents remaining active advocates for their teens in extrafamilial systems.

v) Promotional Strategies

Descriptions and explorations of the need for effective promotional strategies have typically received little attention in the academic literature. A notable exception to this has been Sanders' (2000) recommendations that parenting programmes can benefit from health promotion and social marketing strategies to:

- promote the use of positive parenting practices in the community;
- increase the receptivity of parents towards participating in the programme;

- increase favourable community attitudes towards the programme and parenting in general;
- destigmatise and normalise the process of seeking help for parenting;
- increase the visibility and reach of the programme; and
- counter alarmist, sensationalized or parent-blaming messages in the media.

In their preliminary evaluation of the implementation of the Group Teen Triple P programme, Ralph & Sanders (2003) attempted to raise community awareness coordinating exposure through local newspapers, radio and television.

vi) Cultural Appropriateness

Parents from ethnic minority families have been found to be difficult to engage in parenting programmes (Roker & Coleman, 1998). Coard, Scyatta, Wallace, Stevenson, and Brotman (2004) note that parenting programmes were developed and evaluated primarily with families from European ethnic backgrounds. In a similar vein, Kalil (2003) charts how cultural deficit models were historically popular explanations for child outcome differences between certain ethnic minority and majority compositions. The assumption present in this view was that ethnic minorities needed to become 'like whites'. She notices a change in focus that seeks to understand the adaptive strategies employed by ethnic minorities in response to majority and minority cultural influences. This perspective acknowledges that parenting practices can only be understood within the broader context in which they occur (Coard *et al.*, 2004). Kalil (2003) notes the interesting tensions may follow from this and offers physical punishment as an example of a parenting practice that holds contrasting significance within different cultures.

Furthermore, Coatesworth, Duncan, Pantin and Szapocznik (2006) posit that minority families maintain "a healthy cultural suspicion" toward participating in activities perceived to represent mainstream western society. Such factors demonstrate that the employment of best practice within a parenting programme for teenagers needs to employ a culturally

appropriate curriculum. The overriding objective would be to maximise understanding of training concepts by incorporating culturally familiar explanations and teaching methods for minority participants.

From his analysis of the effectiveness of parenting programmes for Asian and Pacific Islander populations in Utah, Cheng (2004) recommends the recruitment of bicultural and bilingual trainers. He concludes that such practitioners possess cultural empathy and competence and so would be able to adapt theory and principles to suit parents' cultural outlooks. A different proposal is offered by McCurdy, Gannon, and Daro (2003), who suggest some minority parents would prefer to receive service in the home setting, by promoting greater service engagement than can be afforded to centre-based programmes. The point is offered that western norms around individualism and self-reliance convey a greater cultural fit with accessing services outside of the immediate neighbourhood.

An argument repeatedly stated is that culturally relevant practices should be integrated at every stage of programme development including conceptualisation, study design, implementation, analysis, interpretation and dissemination (Dumas, Rollock, Prinz, Hops & Blechman, 1999). Coard *et al.* (2004) conclude that a programme incorporating affirmative race-related messages could be easily integrated within existing parenting practices which ties in with Smith's (2006) emphasis on the need to acknowledge both individual and cultural strengths within psycho-social services. Sanders (2003) writes of an ethical imperative to ensure that interventions designed to empower parents in the community's dominant culture are not gained at the expense of language and other competencies or values in the family's own culture.

That parenting programmes sometimes contain a religious value base should also be incorporated into cultural assessments of best practice (Roker & Coleman, 1998). Yet in this respect, the literature is

extremely sparse. In their meta-analytic review of links between religion and parenting programmes Mahoney, Pargament, Tarakeshwar and Swank (2001) suggest that this general omission may be attributable to the tendency for psychological researchers, as a professional category, to report low levels of religiosity. Mackay (2003) notes how membership to a faith-based congregation provides links to people with shared values, which may provide increased access to social support, child care and instrumental or financial assistance. Yet the conclusions on religion and parenting practices, both adaptive or maybe even maladaptive, are currently compromised by a lack of robust evidence and represents a gap in current research.

vii) Dissemination strategy

In recent years there has been an increase in services and resources provided by many different organisations such as schools, social services departments, voluntary organisations, health bodies, religious organisations and youth services. The expansion in resource formats now extends to books, advice lines, magazines, on-line material, audio and video material and parenting courses (Roker & Coleman, 1998). The result has been widespread improvement in material accessibility for parents of teenagers.

The Triple P training programme has targeted a spectrum of professionals, including nurses, social worker, psychologists, teachers and welfare officers for training as practitioners (Dean, Myers & Evans, 2003) with the literature further identifying counsellors, therapists, church workers and previous attendees of parenting programmes as those receiving programme training. According to Sanders (2000), primary health workers are especially well placed to deliver such programmes due to their accessibility and standing amongst parents. This, he believes, consequentially bypasses the association of stigma that many afford to specialist mental health services.

However, whilst parenting programmes benefit from the added skill base of training interdisciplinary practitioner groups, there has been concern that a lack of prioritisation for programme implementation compromises these benefits. Fox, Duffy and Keller (2006) argue that community-based programmes for families fail to include formal parent education programmes as a core service area, resulting in a lack of time and resources to fully implement quality training programmes.

viii) Cost-effectiveness

Whilst scant attention is generally available on programme costs — with the exception of the favourable cost-effectiveness of group or community setting parenting programmes (e.g., Bunting, 2004; Hogue & Liddle, 1999) — commentators such as Sanders (2000) identify the need for programme researchers and coordinators to engage with the socio-political context of policy development. Primarily, political lobbying and advocacy should justify funding by identifying the social and financial costs that may be prevented through effective parenting programme interventions. Rooke *et al.*, (2004) present figures demonstrating that by the time youth with conduct problems reach 28 years of age, they will have cost various public services departments between 4 and 10 times that of average parenting programme costs. Similarly, Clarke (2006) cites the Christchurch longitudinal study's findings that substantial antisocial behaviour displayed at 7 years of age correlates with a 22-fold increase in the chance of ensuing criminality. The literature identifies some debate in terms of cost-savings in relation to adolescent versus child parenting courses, especially in terms of preventive measures (see Rooke *et al.*, 2004; Kazdin, 1997).

ix) Consumer acceptability

For parents with teenagers there are far fewer educational resources to draw upon in comparison to when their children were younger, and receive little preparation beyond the experience of being parented themselves, with learning assimilated 'on the job through trial and error' (Sanders, 2003). When

questioned, parents of teenagers respond that they would like support in terms of managing family conflict (see Ralph & Sanders, 2003). Yet community-based programmes for families typically have drop out rates of 50% (Fox *et al.*, 2006) to 25% (Ralph & Sanders, 2003). These figures underline the need to research and collate consumer wishes to best formulate programmes that satisfy the demands of target parents.

Jarvis *et al.* (2004), underline the importance of recognising the genuine difficulties parents experience to help establish a supportive alliance that will sustain interest throughout programmes. They identify the acute challenges particularly faced by single mothers who struggle to shoulder the burden of parenthood with little or no support from the children's fathers. Todd (2004) notes that parents whose teenage children may have a long history of legal involvement, school problems, drug and alcohol issues, or assault (verbal or physical) in the home seem to have a very difficult time understanding how their role in problematic behaviour can escalate or decrease a crisis. This underlines the necessity to demonstrate sensitivity to the wider ecological context.

Furthermore, Miller and Sambell's (2003) research into parents' perspectives demonstrates the divergence parents hold in their approach to benefiting from parenting programmes. Their results identified the following:

The dispensing model

These parents focused on the content of learning and valued knowledge and information. Facilitators were seen as experts, with the emphasis placed on learning parental skills and being informed about 'what to do'. Parents seek to understand 'what can I do to change my child?'

The relating model

Parents sought support and validation of their needs; they appreciated time and space to focus on the

processes of parenting. Learning from others' experience was prioritised which meant that training methods were informal and characterised by a non-judgmental atmosphere. Parents seek to understand 'how do I feel about this situation?'

The reflecting model

Effective parenting education stems from understanding the interactional nature of the parent-child relationship. Learning outcomes were based on thinking and reflecting on one's own values and attitudes while seeking to understand the child's position. With the educator comparable to a critical friend, parents seek to understand, 'why is this happening?'

Miller and Samball (2003) explain that these interpretative models do not describe individual differences but demonstrate the breadth and range of parental needs and expectations that programme designers must consider in seeking to ensure ongoing participation.

The setting of parenting programmes also forms a key part of consumer acceptability. Rooke *et al.*, (2004) argue that school-based settings provide an ideal location in that they foster a networking environment for families with an existing connection, which also offers an attractive alternative to the negative perceptions identified with clinics. A school location is further endorsed by Hallberg and Hakansson (2003) for the implicit learning associations afforded to creating a 'parents' school'. Similarly, church settings enable those with a shared sense of faith to derive strength for their established sense of community (Mahoney, Pargament, Tarakeshwar, & Swank, 2001). Few commentators spoke of home-based training for parents of teenagers, though Scott (2006) concludes that such a setting may be the most appropriate for the most crisis-ridden families.

Schuster, Eastman, Fielding, Rotheram-Borus, Breslow, Franzoi and Kanouse (2001) contend that parents' workplace offers a promising alternative to the more conventional settings. Citing modern-day working

demands experienced by many parents of teenagers as a barrier to participation, they suggest parenting programmes in the workplace often provide ideal infrastructures which counter stigmatisation due a general projection of employer endorsement. They accept, however, that privacy concerns would provide an acute challenge in such a setting.

Finally, the needs of families living in isolated rural settings, generally afforded scant interest in the literature, are evaluated by Cann, Rogers and Worley (2003). The authors report on a telephone-assisted parenting support programme set up for isolated families in north-eastern Victoria. They acknowledge that the anonymity held by metropolitan service users is harder to preserve in small communities, which leads to a telephone, advice, information and counselling service as offering an efficient and effective support service for parents in need. This point reiterates the concern that the image and stereotyping of parenting programmes represent fundamental obstacles to securing parental acceptability (Roker & Coleman, 1998). Utilising the positive image and reputations of existing settings (community services, schools, work-places, churches) may prove to be a key aspect of programme success.

Researchers also highlight other practical consumer elements to consider. These include:

- individualised sessions,
- providing transportation, child care and refreshments,
- including both parents in two-parent households, and
- having financial incentives and certificates for programme completion (see Fox *et al.*, 2006).

Research into the input of both parents in two-parent families has generated findings that parental friction may result when one parent has struggled to implement parenting changes when a non-participating parent, typically the father, resists changes to established parenting techniques (Mockford & Barlow, 2004). They suggest that the training of more male facilitators and the use of fathers' groups running in tandem with groups attended by mothers may help to reduce this disparity.

Further recommendations made to promote consumer acceptability include Hallberg and Hakansson's (2003) model that interactively involves parents in programme design. Whilst Lim, Stormshak and Dishion (2005), in recognising the lack of free time that many parents face, propose a menu of intervention services that offer a range of time commitments, delivery, and interactive format.

INTERNATIONAL BEST PRACTICE CONCLUSIONS

From reviewing the international literature on parenting programme outcomes, several broad conclusions can be drawn in terms of correlations with best practice:

Strength of supporting evidence

- Programmes incorporate evidence-based practice in design.
- Programmes incorporate ongoing evaluation of results.
- Attempts made to collate perceptions of youth.

Programme reach

- Socio-economic milieu acknowledged in programme design.
- Programmes context-, not content-based.
- Programmes identify multiple goals and promote multidisciplinary collaboration in order to attain these goals.

Theoretical basis

- Programmes adopt holistic and integrative theoretical elements that acknowledge social learning, strengths-based, cognitive, relational and family-systems elements.
- Programmes focus on protective factors in the family.

Developmental appropriateness

- Programmes incorporate age-based norms in content to foster parental empathy and understanding towards challenges and issues faced by their adolescents.
- Programmes facilitate relationship skills in terms of communication, conflict-resolution, the tension between boundaries and freedom.

Promotional strategies

Programmes incorporate coherent promotional strategies to promote parental participation and normalise seeking support for parenthood.

Cultural appropriateness

- Programmes incorporate culturally relevant practices in conceptualisation, design, implementation, analysis, interpretation and dissemination.
- Programmes acknowledge parenting practices occur with broader cultural context.
- Programmes acknowledge the variety of cultural strengths in family practices.

Dissemination strategy

- Programmes utilise spectrum of resource formats to maximise accessibility.
- Programmes emphasise facilitator training.

Cost-Effectiveness

- Programmes engage with the socio-political context of policy support (e.g., ministerial and local government support).
- Programmes collate and present robust evidence on social and economic costs comparing implementation with non-implementation.

Consumer acceptability

- Programmes acknowledge and support parental psychosocial issues.
- Programmes tailored to meet consumer needs.
- Programmes utilise the established positive reputations of settings to maximise programme credibility.

New Zealand Best Practice



"Parents are better supported when programmes are developed and delivered at a community level. This helps to build better communities and normalise the realities of parenting."

— Programme provider.

INTRODUCTION

THIS SECTION WILL LOOK at the need for and composition of parenting programmes for parents of teenagers in New Zealand. An attempt shall be made to assess the fit between parenting programmes best practice (as defined in previous conclusions) with the framework of the Youth Development Strategy Aotearoa, to propose how best practice parenting programmes can supplement existing public health initiatives.

This will be achieved in three subsections. The first subsection will investigate the need for parenting programmes. It will do so by exploring pressures and risk factors that young people are commonly exposed to, alongside an exploration of health statistics for young people. This will show that there is a societal benefit in providing parenting programmes.

The second subsection will then identify how parenting programmes in New Zealand are composed. This will include a discussion of modalities operated, and other variables such as cultural and religious input in programme development.

Finally, the international best practice principles identified in the previous section of the report will be applied to New Zealand. This will be achieved by matching the best practice conclusions with the principles of the Youth Development Strategy Aotearoa. Ideally, parenting will support the principles of youth development, therefore parenting programmes should also be aware of the principles, and operate using them as a basis.

NEED FOR PARENTING PROGRAMMES IN NEW ZEALAND

An exploration of adolescent and parenting issues in New Zealand society needs to recognise the rich diversity of family variables. This is addressed in the Ministry of Social Development's Families Strategic Intervention Logic report as follows (2004) as follows:

Most families function satisfactorily...They need little help... There are also families who, while they are subject to the stress of events, are sufficiently resilient that they can absorb the stresses and emerge stronger from them. At the other end of the functioning continuum, are some families that function so poorly, or under such stress that their function is impaired, (for example those with members with severe disabilities, or those isolated from connection and support)...in the middle of this continuum are some families that will, at various times, under pressure from events, and to varying degrees, become vulnerable (p 21).

This sense of context is supported by the Ministry of Youth Development (2005):

Studies show that the majority of young New Zealanders aged 12–18 years enjoy good quality contact with their parents. Almost 80% of the young people in a recent study reported getting enough praise from their parents, and around 60% said that most weeks they were able to spend enough time with at least one parent. But clearly this also demonstrates that a significant minority do not enjoy the quantity or quality of contact with parents they desire (p 20).

Thus, there is no singular 'youth experience' in New Zealand. In many respects the family unit is functioning well. However, it is equally important to identify the specific areas where some families are struggling so that national and community bodies can best design and implement supportive interventions. Local research has identified:

1. *Alcohol and Drug Use*

Drug and alcohol use is high among young New Zealanders. Almost 90% of students have drunk alcohol by the age of 15, while at age 13, about 20% of students report having tried cannabis, increasing to 50% by age 16 (MYD, 2005). Around 10% of young people are estimated to be dependent on cannabis by the 21 years (Ministry of Health, 2002). Approximately 23% of deaths in the 15–24 year age group were attributable to alcohol (Ministry of Health, 2002).

2. *Sexual Behaviour*

10–30% of young New Zealanders have had sexual intercourse by the time they reach 15 years (MYD, 2003). Risk-taking sexual activity has increased as evidenced by a number of indicators. The number of cases of bacterial infections such as Chlamydia and gonorrhoea is increasing among young people aged 15 to 24 years (MOH, 2002). 60% of pregnancies among women under 25 years are reportedly unwanted. Between 1988 and 2000, the abortion rate increased by 62% among females aged 15–19 years (MOH, 2002). Teenage pregnancy occurs at a rate of 29 per 1000 young women (Gandar & Shepherd, 2004).

3. *Family Structure*

Almost a quarter of New Zealand children who were born into two-parent families have experienced separation or divorce by nine years of age (MYD, 2003). 26.4% of young people aged 15–24 years were living in single-parent families, compared with 23.5% in 1996 and 21.6% in 1991 (MYD, 2005). Many adolescents are missing positive father-input (Barwick, 2004).

4. *Youth Gangs*

Parenting Teenagers: Programme Best Practice

A report into youth gangs in Counties Manukau has found youths gangs and youth delinquency to be positively related with economic deprivation. For some, gang members were seen as role models with high status. Gangs were also seen to provide youth with a proxy family unit (MSD, 2006).

Auckland Youth Support Networks' Plan of Action (2006) found that their research demonstrated that parental disengagement was intrinsically linked with poor youth outcomes. Their research also identified cultural pressures related to family processes. For first- and second-generation Pacific immigrants, the loss of the supportive role of the village structure combined with conflicting notions of pervading New Zealand parenting practices was found to negatively impact of parenting practices. Similarly, the loss of wider whanau networks through urban migration and cultural disenfranchisement was also found to negatively impact on parenting practices.

In their Action for Child and Youth Development report (2002), the Ministry of Youth Affairs suggest that adverse health outcomes for young people relate to the increased pressures experienced by many in modern life:

The increasing rate of social change and competition for training and job opportunities is increasing the stress on young people. This is reflected in rising mental health issues for this group. Over the past 40 years, the youth population has not shared the health gains of other population groups (p 10).

It can therefore be inferred that there is a societal responsibility to support families in New Zealand to function in ways that promote aspects of youth health and youth development. In response to this challenge, the Family Services National Advisory Council proposes a 'Framework for Action' that promotes the following:

1. Stimulate awareness, dialogue, thinking and action on issues central to effective family functioning.

To acknowledge the environment in which families operate, the extent to which a vision for families is

shared, the degree to which their interests are taken account of by decision makers.

2. Invest in family strengths and community capacity.

Comprising approaches which support and emphasise family strengths and build the capacity within communities to support families.

3. Identify and support families with needs which make them vulnerable.

This concerns the capacity of government and NGO services to recognise and respond to such families.

4. Strengthen the system environment to deliver more effective responses to family needs.

To address systemic issues about information management, workforce capability and capacity, and how to build and sustain cross-agency change to mainstream services in a complex system (p 8).

The family is thus identified as the core societal unit within which key stakeholders can support and implement improved outcomes for young people. Mackay (2003) echoes this perspective in defining family resilience, characterised by positive adaptation within the context of adversity as a primary protective element that enables family members to withstand risk factors at individual, family, peer, and community levels. He states that resilient families demonstrate family cohesion (with strong emotional connections), strong family belief systems (encompassing positive values and attitudes), flexible coping strategies (conscious intentional responses to stress) and effective communication (through effective negotiation, compromise and reciprocity).

With the literature demonstrating effective results in parenting programmes, there appears to be a strong case to be made for determining and implementing a model for best practice as part of a coordinated youth development strategy in New Zealand. This

perspective follows the recommendations of the Ministry of Youth Development (2005):

Young people and their families face a number of distinct challenges, yet in general terms more services and supports are provided for families with younger children. We need to expand the availability of specialised parent support programmes and advice for the parents of teenagers (MYD, p 20).

COMPOSITION OF PARENTING PROGRAMMES IN NEW ZEALAND

In the foreword to Kali's report, 'Family resilience and good child outcomes: A review of the literature' (2003), Pole writes:

There is little empirical evidence available in New Zealand on such matters...it is clear that there is a need for increased investment in local research on family functioning and how this is linked with trajectories of child development (p 5).

This gap applies to national data on parenting programmes. Yet whilst there is evidence lacking, there exists a broad range of parenting resources available for many New Zealand parents. In the first part of this section, the characteristics of these resources shall be summarised (Table 2). This shall be followed by a more detailed qualitative study into the practices of selected parenting programmes for parents of adolescents within New Zealand.

Table 2: Existing resources in New Zealand parenting programmes

Group Variables	Example groups	Modalities (cont)	Groups using modality
Cultural	Folau Alofa Trust Huakina Development Trust Mana Social services Trust	Magazines Pamphlets Website resources	Teen Matters Ministry of Youth Affairs Youthline
Special needs	Special Needs and Parent Support Group (SNAPS) ADHD Association Inc.	High-school programmes Courses for migrants	Parents Inc. Barnodos
Religious	Papatoetoe Adolescent Christian Trust Apostolic Family Support Services Catholic Diocese of Christchurch – Catholic Social Service Presbyterian Support Taumarunui Baptist Church Social Service Trust	Budgeting advice Magazines Pamphlets Website resources High-school programmes	Glenn Innes Family Centre Teen Matters Ministry of Youth Affairs Youthline Parents Inc.
Gender	Father & Child Trust Anglican Trust for Women and Children Parent Trust Auckland Inc.	Course content / topics included Parenting skills Behaviour problems Grief and loss Conflict at home Custody and access Drugs and alcohol Sexuality Parenting skills	
Single-parent	Single Parents Support Group		Blended families Mental health (anxiety, depression). Bullying Abuse and neglect Domestic violence Anger management Blended families
Modalities	Groups using modality	Size / scale of programme	Organisations
Group programmes	Triple P, Healthy Families Ltd.	Local	Helensville Women's Centre
Weekly support groups	Toughlove	Regional	West Auckland Family Services
Counselling	Family Works Northern	National	Parents, Inc
Psychotherapy	Ascension counselling	International	Triple P, Healthy Families Ltd.
24-hour telephone helpline	Parent Help		
Libraries (books, videos)	ADHD Association Inc.		
Mediation for parents	Triple P, Healthy Families Ltd.		
Iwi social services	Huakina Development Trust		
Home-based support	Catholic Social Services		
Recreation programme	Cross Over Trust		
		Costs	
		Costs range from nil or a donation per session, to \$600 per course.	

APPLICATION OF BEST PRACTICE TO A NEW ZEALAND CONTEXT

In New Zealand, the Youth Development Strategy Aotearoa (YDSA) provides 'a policy platform for public sector agencies' (MOH, 2002), in developing policy advice and initiatives related to young people aged 12–24 years. The Ministry of Youth Development provides leadership, coordination and facilitation through the YDSA (AYSN, 2006). The overriding objective of the YDSA is to support young people to develop the skills and attitudes required to positively interact with society. To achieve this aim, six principles of development are identified to provide a paradigm ethos to guide youth policy.

In order to assess how parenting programme best practice fits with youth development in New Zealand the best practice components previously identified have been amalgamated with the six principles of YDSA.

The six principles of the YDSA are:

1. Youth development is shaped by the 'big picture'.
2. Youth development is about young people being connected.
3. Youth development is based on a consistent strengths-based approach.
4. Youth development happens through quality relationships.
5. Youth development is triggered when young people fully participate.
6. Youth development needs good information.

1. Youth development is shaped by the 'big picture'	
Programme reach	Socio-economic milieu acknowledged in programme design. Programmes context- not content-based.
Theoretical basis	Programmes adopt holistic and integrative theoretical elements that acknowledge social learning, strengths-based, cognitive, relational and family-systems elements.
Cultural appropriateness	Programmes incorporate culturally relevant practices in conceptualisation, design, implementation, analysis, interpretation and dissemination. Programmes acknowledge parenting practices occur with broader cultural context.
Cost-Effectiveness	Programmes engage with the socio-political context of policy support (e.g. ministerial and local government support). Programmes collate and present robust evidence on social and economic costs comparing implementation with non-implementation.
Consumer acceptability	Programmes acknowledge and support parental psychosocial issues.

This first principle of youth development is extremely well supported by parenting programme best practice. The international literature demonstrates an evolving appreciation of the social-economic and cultural variants that determine risk and protective factors in youth development and parenting practice. In response, best practice recommends holistic, theoretical elements in order to comprehensively support parents to engage in parenting practices that foster family resilience as a fundamental protective element.

Whilst the international literature provides valuable guidance, the unique elements of New Zealand's cultural fabric require due attention. The YDSA demonstrates acknowledgment of its obligation to support kaupapa Māori approaches in the development of rangatahi. In traditional Māori culture, whanau provided the basic domestic unit, supported by kin-based hapu, which in turn drew on iwi affiliations. This cultural norm has clashed with Pakeha nuclear family patterns that characterised a weaker

reliance on extended family ties which conveyed different assumptions on family functioning (MSD - Family Outcomes Hierarchy, 2004). Thus, the Ministry of Youth Affairs (2002) highlight that:

A restorative process is required for many young Māori who are disconnected from their whanau, hapu and iwi. The approach needs to support initiatives to reconnect young Māori with their whakapapa links and encourage kaupapa Pakeha (mainstream) institutions to be more responsive to the needs of young Māori (p 13).

The 'big picture' principle therefore requires a New Zealand best practice framework that acknowledges the role of parents to 'pass on culture, knowledge, values, attitudes' from one generation to the next in ways that respect cultural divergence.

2. Youth development is about young people being connected	
Programme reach	Programmes context-, not content-based.
Cultural appropriateness	Programmes acknowledge parenting practices occur with broader cultural context.
Consumer acceptability	Programmes utilise the established positive reputations of settings to maximise programme credibility.

There is further close resonance with identified parenting programme best practice and the YDSA's emphasis on youth connection. The Families Strategic Framework and Priorities Report advocates a systems view that adopts an ecological approach recognising that 'everything is connected to everything else' (MSD, 2004). Similarly, the YSDA identifies the fundamental youth social environments of family ('the most important'), community / school / university / workplace, and peers. Parenting programme best practice favours context over content, with protective elements incorporating strengths derived from home, school, community, church and workplace settings. In addition, the importance of cultural connections, as previously stated, forms a key part of programme best practice.

3. Youth development is based on a consistent strengths-based approach

Theoretical basis	Programmes adopt holistic and integrative theoretical elements that acknowledges social learning, strengths-based, cognitive, relational and family-systems elements. Programmes focus on protective factors in the family.
Cultural appropriateness	Programmes acknowledge the variety of cultural strengths in family practices.

Strengths-based approaches are defined by Barwick (2004) as follows:

Effective strengths-based approaches address a range of targets which can include individual functioning, family relationships, peer culture, school or work environment, neighbourhoods and communities. Strength-based approaches can offer caring, respectful relationships, high expectations and opportunities for meaningful participation and contribution that help young people to access the strengths in themselves, their families and environments (p 14).

The principle of a consistent strengths-based approach partly deviates from programme best practice in that trends in theoretical affiliation point to an embracing of combined modalities. An argument can be made that a dominant strengths-based structure could still allow for an incorporation of supplementary theoretical elements. Nevertheless, identified best practice components of family protective factors, and acknowledgement of cultural strength variety, forms an area of closer framework overlap.

4. Youth development happens through quality relationships	
Programme reach	Programmes identify multiple goals and promote multidisciplinary collaboration in order to attain these goals.
Developmental appropriateness	Programmes incorporate age-based norms in content to foster parental empathy and understanding towards challenges and issues faced by their adolescents. Programmes facilitate relationship skills in terms of communication, conflict resolution, the tension between boundaries and freedom.
Dissemination strategy	Programmes emphasise facilitator training.

The YDSA Action for Child and Youth Development report (MYA, 2002) states that relationships between young people and their parents are most effective when parents relate with warmth and acceptance, set appropriate limits, convey respect, show concern and listen. These qualities consistently form core elements with parenting programme best practice. The report's inclusion that effective training in relation with young people contributes to supporting quality relationships represents a further key area of mutuality.

The multidisciplinary component of programme best practice finds advocacy in the Strategic Framework and Priorities Report's description of Strengthening Families as based on collaborative interagency support for vulnerable families (FSNAS, 2004).

5. Youth development is triggered when young people fully participate

Strength of supporting evidence	Attempts made to collate perceptions of youth.
Consumer acceptability	Programmes tailored to meet consumer needs.

The principle of full participation as part of youth development represents the core disparity in terms of currently recognised best practice. In this facet, current parenting programme best practice could draw upon YDSA principles for improvement. The collated literature demonstrated a notable exclusion of youth consultation and collaboration in programme design and evaluation. The Ministry of Youth Affairs E Tipu E Rea framework for Māori development (2002) recommends that Taiohi Māori share their stories with Māori whanau, hapu, iwi and communities (nga whainga tuawha) as a key element within positive youth development. Related to this, the Action for Child and Youth Development (2002) report posits that effective youth development is based on:

- being informed,
- having an effect on outcomes,
- self organisation,
- making decisions or being involved in decision-making,
and
- being involved in follow up (p 23).

As none of these elements have been explicitly portrayed in current best practice, it can be argued that the perception of the 'consumer' warrants further exploration in order to encompass both parent and adolescent.

6. Youth development needs good information	
Strength of supporting evidence	Programmes incorporate EBP in design. Programmes incorporate ongoing evaluation of results.
Developmental appropriateness	Programmes incorporate age-based norms in content to foster parental empathy and understanding towards challenges and issues faced by their adolescents.
Promotional strategies	Programmes incorporate coherent promotional strategies to promote parental participation and normalise seeking support for parenthood.
Dissemination strategy	Programmes utilise spectrum of resource formats to maximise accessibility.
Cost-Effectiveness	Programmes engage with the socio-political context of policy support (e.g., ministerial and local government support). Programmes collate and present robust evidence on social and economic costs comparing implementation with non-implementation.

The final principle of youth development emphasises the need for good information. Whilst the literature includes calls for more robust research methodologies, especially in terms of long-term follow-up studies, sufficient evidence exists that programme best practice implementation facilitates significant health outcomes for parents and young people. Increasingly, innovative promotional strategies and dissemination strategies are also enabling greater programme effectiveness, complementing young people's interest and engagement with sophisticated media technologies.

At a wider political level, there are signs that the economic benefits of effective youth strategies are attaining a degree of recognition. As is pointed out in the Families Strategic Framework Intervention Logic

report (MSD, 2004), "investment in family performance is a means to better health, education, social and economic outcomes for both individuals and society as a whole" (p 12). Such an understanding is further demonstrated in youth projects such as Youthline's Youth Transition Services. The core objective guiding the service is to 'support at-risk young people (15-17 years old) to undertake education, training or work, or other activities that contribute to their long-term economic independence and well-being' (WYTS, 2004, p 5). Thus, best practice parenting programmes need to keep on adding to the existing scope of evidence that demonstrates that promoting family resilience, through parenting programme best practice, can deliver broad and far-reaching psychological, social, cultural and economic positive outcomes.

Current Programme Resources



"[Parents] are screaming out and are hungry for new ideas. They need to be told they are doing great and need more than what they learnt from their own parents. They need a confidence boost."

— Programme provider.

INTRODUCTION

LITTLE IS KNOWN collectively of parenting programmes for the parents of teenagers in New Zealand; the state of current practices and resources has not been previously established. However, it would appear that a diverse range of services operate across the country, supporting parents of adolescents. These services vary in the nature of their services, their approaches and target groups. Programmes typically seek to address behavioural issues in young people, by modifying the approach of parents and improving communication between young people and their parents.

Most programmes are suitable for any parents of teenagers who wish to address behavioural issues. However, some programmes seek to address more specific groups, such as parents of young people who are diagnosed with a disorder. Also, in some programmes, the issues exist primarily in parents rather than adolescents, such as programmes aimed at parents who are incarcerated. These programmes focus on the importance of the ongoing relationship between parent and adolescent despite imprisonment. Although behavioural problems may exist in these adolescents, it is not the focus of these programmes. Other providers serve young people primarily, while providing support where necessary to parents, such as programmes for gay adolescents. Thus, parenting programmes can serve a range of different needs and may be difficult to define.

This strand of the research project aims to find common themes across a range of service providers across New Zealand who operate in different settings, within different organisations and with different clients. This will enable some generalisations to be drawn around practices that support parents across

diverse settings. It will also allow for common problems experienced by programme providers to be identified.

METHODS

A range of opinions were sought from parenting programme providers across New Zealand. Programmes designed exclusively for parents of young people aged between 13 and 19 years were included, as well as those who provide content for a range of ages including teenagers. A selection of 20 service providers and practitioners located across the country from Kaitia to Invercargill were approached between June and July 2007 to participate in interviews. In total, 11 of these providers took part. Respondents agreed to engage through telephone conversation, personal interviews and e-mail contact. A questionnaire comprising 16 service- and sector-related questions provided the scope of discourse (Appendix 1). Questions related to providers' perceptions of parents' needs, modalities and methods used in programmes, accessibility and how well programme resources fit current needs.

Approximately half of the providers approached gave responses. Predominantly, those who did not participate cited work pressures and a lack of time as the reason. This indicates that many programmes are stretched for resources. Conversely, time constraints on the research project itself limited the participation of other providers who did not wish to take part in a project where they were unfamiliar with the interviewer. As noted earlier, the purpose of this research strand is not to census service providers, nor to evaluate their services. Instead, the aim is to attain a snapshot of the current state of parenting programmes. Any future research may require a longer timeframe in order to build relationships with programme providers and maximise provider input.

CURRENT SERVICE PROVISION

Amongst the participating services, services and settings varied greatly. Although some services act as standalone parenting support programmes, many operate from within a larger organisation. Such organisations include counselling services, health services, education services such as Rural Education Activities Programmes (REAPs) and churches. While religious values, typically Christian, underpinned many programmes (and Buddhist values informed one practitioner's practice), operators stated they welcomed participants from all backgrounds. As expressed by one provider, "we are Christian in our values and motivation, while respectful of the choices of others." However, the reach of some programmes operating from within a church could be limited if they do not advertise their services in the wider community.

Several programmes had content tailored for specific audiences, and as such were not generic services for the wider population. Examples included programmes aimed at parents of gay adolescents, parents of young people diagnosed with behavioural problems or autistic spectrum disorders, and incarcerated parents. These were the only groups that did not invite broad participation. One additional provider stated that while they did not have a conscious demographic for their services, they are predominantly utilised by single parents.

Many services to parents of teenagers operate as general parenting programmes that include content or modules on parenting teenagers. A further service, stated their overriding aim was to prevent child abuse by providing parenting information. They stated their focus is on self-development for parents, rather than "ten top tips for parenting children".

Services delivered to parents are many and varied; some providers deliver single services, others deliver a range of complementary services. Youthline, for example, delivers numerous services to support parents and young people. Some of these fall into the category of parenting programmes, such as family therapy counselling services; others provide separate such as passive information services (websites, pamphlets); and other services more directly support young people, such as an alternative education school. Some services fall in between, such as telephone and e-mail counselling.

ISSUES ADDRESSED IN PROGRAMMES

Programmes addressed a wide range of common parenting issues, which varied between operators. Almost universally, parents were seeking to address behavioural and discipline issues in their adolescent children, including concerns about absenteeism from school. As one provider stated, "parents present feeling frustrated and exhausted and have often run out of options...They are worried for their young people and themselves." While seeking to address behaviour problems may initially appear to be corrective, methods employed encouraged understanding of issues from more holistic perspectives. One provider stated:

"We are not simply behaviouralists. We inspire parents to be 'people builders' by identifying their values and principles, so they can hand on the building blocks of character to their children."

Other common issues that parents seek to address include setting boundaries for their adolescent children and addressing their own fears about their children's increasing freedom and exposure to risk factors including drugs and alcohol. Some parents present with concerns about their children's sexual maturation and experimentation. Other providers also stated that parents want to better communicate with their children and create a more positive home environment.

Programme providers believe that parents need to be reassured that they are capable parents. One provider stated that parents "need to be told they are doing great and need more than what they learnt from their own parents. They need a confidence boost." Similarly, another said parents needed "encouragement and inspiration in their role as a parent" and a third stated parents need "reassurance that they are doing okay." Hence, parents want to feel that their experiences are normal, and that they are not the only ones who struggle at times with their adolescent children's behaviour.

Commonly, providers also believe that parents need information, including a better understanding of developmental issues. This was perceived to assist parents to understand the motivations for their children's actions ("why they behave the way they do.") Also, prompting parents with challenging situations before they have arisen was seen as a way to give parents space to consider their responses, "so they aren't forced into making snap decisions". Hence, programmes focus largely on modifying parents' understanding and responses, enabling them to communicate more effectively with their adolescent children, rather than simply correcting or modifying behaviour of the adolescent.

Ultimately, providers wanted to inspire parents and give them new, innovative ideas and approaches. This gives parents the belief that they are able to manage their children's behaviour, by better understanding

adolescent development and building stronger communication skills.

UTILISATION OF SERVICES

Universally, parenting programmes in New Zealand are well utilised. All programme operators reported a similar message that their programmes were widely used and most were operating at capacity. Many programmes reported a waiting list for services, including where services are only advertised by word-of-mouth from past service users.

While it is encouraging that the services are well used within current resourcing, this may reflect the limited resources available to programmes rather than an optimal level of service provision to meet parents' needs. Further, where resources are scarce and services are utilised to capacity, providers have little motivation to advertise widely, directing resources away from programme provision. Parents with greatest accessibility to such services will be those who are associated with the providing organisation, those who have heard about the service through another user or those who actively seek out help.

Providers identified a range of barriers that prevented people from accessing services. Accessibility issues were common. Some parents find that time constraints due to employment demands made attending regular sessions difficult. One provider stated that a lack of childcare limited the ability of some parents to attend. Another service which provided free childcare stated this was a major factor in making services more accessible to parents.

A further barrier to service use identified was geographic isolation. Many providers work with volunteer facilitators. A lack of such facilitators has meant that programmes are not run in some areas despite a demand for them.

Many providers also identified an additional barrier: “whakama” and the “stigma associated with attending a course” on parenting. This suggests that help-seeking behaviour is perceived as a failure rather than a strength in the public eye. Another provider states that the “family has to be comfortable asking for help”, which might be difficult in light of this perception.

The view of seeking help as a weakness or a source of shame is also well documented outside of New Zealand. For example, the key aims of the social marketing strategy of the Triple P-Positive Parenting Programme, started in Australia, include:

- (a) promote the use of positive parenting practices in the community;
- (b) increase the receptivity of parents towards participating in the programme;
- (c) increase favourable community attitudes towards the programme and parenting in general;
- (d) destigmatise and normalise the process of seeking help for children with behaviour problems (Sanders, 1999, p 78).

However, barriers to access services contrast with other factors which encourage parents to seek help. These included the reputation of services known for achieving successes, particularly where change has been rapid. Such word-of-mouth information also helps to normalise help-seeking by showing prospective parents that others have done so. At least one other provider stated that building a reputation as a “respectful, friendly provider” was a key to their success. They stated that their focus was on providing warmth from the first contact and to follow this up consistently through all subsequent contact with parents.

THEORY AND METHOD BASE

Programmes in New Zealand may be informed by any of several modalities and theories, although much is common between programmes. Most programmes indicated they operated from a strengths-based framework, however, not all providers used the term ‘strengths-based’ in their responses. As one provider stated:

“We do have ideals for children, but we start where people are at. We communicate with empathy by identifying with the common condition and struggle of all parents. We disarm by the use of humour and stories... Our goal is for parents to take the role of parent-coach, while acknowledging that there are many different and equally valid expressions of personality and culture in families. “

Several providers stated that they used a cognitive behavioural model in their practice. Such programmes aim to modify the way parents think about adolescent behaviour. By considering behaviour from the perspective of the adolescent rather than from their own point of view, parents are able to better understand the motivations for their adolescent children’s behaviour, rather than a perception that ‘bad behaviour’ is simply as hurtful or intended to be disappointing to themselves as parents. As such, cognitive approaches in parenting programmes are able to improve communication and understanding between adolescents and parents.

Methods employed in parenting programmes frequently involved group work, role-play and seminars. Running groups best uses resources available to parenting programmes where a lack of skilled facilitators was acknowledged as a hindrance by many programme providers. Further, it may support parents who feel unsure about seeking help. Simply sharing a common experience with other parents in a

group is likely to be therapeutic, as it normalises the difficulties experienced in parenting and normalises seeking help to improve communication and parenting practices. Introducing role-play and interactive components to programmes enables parents to apply new knowledge and skills in a practical context and prepare for situations before they arise.

Parenting therapy services also used additional modalities. Family systems, psychodrama and psychodynamics were mentioned by therapy provider Youthline, and individual practitioners may include additional theory.

Almost exclusively, providers aim to run a preventive programme, rather than one based on issues. As one provider stated, although the intention is to run preventative programmes, in reality context-based programmes for parents tend to be issues-based. Preventative programmes aim to deal with underlying or causative issues rather than simply the presenting issues that parents bring with them. This connects with an applied strengths-based approach. One provider preferred to describe their services as “strengths-based...with specific outcomes in mind” rather than defining themselves as specifically preventative or issues-based.

SUCCESSFUL SERVICES

Successful programmes share a range of traits. A primary and consistent characteristic is delivering a service with warmth and humour. Parents need to enjoy the experience to engage with content. Providers saw the keys to creating this experience as delivering programme content with empathy towards the parents’ concerns and supplying a range of personal anecdotes. Where parents felt they were having “fun” and “down-to-earth experiences” they appeared to be most satisfied with the courses.

Great emphasis was given by programme providers on having highly skilled facilitators to lead the groups. As the facilitator is the key contact for the parents with the service, they form the foundation of any successful service, and direct whether parents will engage with the content. It is, of course, the facilitators who provide the anecdotes and non-judgemental environment in which parents can learn the skills to be more successful. Facilitators also need to provide parents with “concrete strategies rather than just good ideas.”

Only one provider stated that measurable, quantifiable “changes in the roles and responsibilities of the whanau” were essential to a successful service. Most reported a high rate of success but it is unclear how this was determined. Most likely qualitative or informal feedback systems are used to gauge success in parenting programmes. As many programmes use ‘homework’ between sessions, this would also provide feedback on the success of programmes. One provider stated they used baseline and follow up Likert Scale questionnaires to evaluate progress.

A further factor in providing a successful service was adaptability. When discussing their services, many providers indicated that their approach would change depending on the needs and circumstances of the participating parents. This adaptability indicates a context-based approach rather than a content-based approach, which is in line with international best practice guidelines. One provider developed this concept, stating that context based programmes were essentials as people need to feel their experiences are reflected in the course.

Affordability is also a key to success in service provision. Some services waive fees in cases for parents who could not afford them. Youthline operates a sliding scale based on income for its clinical services, while offering other parenting services without charge. Another provider stated that a lack of support made affordability difficult for middle income families.

Easily contactable services are also successful, in particular where internal referrals are possible.

GAPS IN SERVICE PROVISION

Providers were asked to identify where they saw gaps in current programme provision. They noted a range of gaps in current programme resources. A primary problem is an overall lack of services. Nationally, providers do not believe that enough services are on offer to meet the needs of parents. This has left the current providers “trying to fill a huge gap.” Two major reasons were identified as to why there is a current lack of programmes. There is a lack of skilled facilitators able to lead courses, which limits both the number of courses that are able to be run, as well as the number of locations in which they can be run. Further, many providers rely on volunteer facilitators. The second reason is a lack of funding to encourage new providers to start up.

Overall, a lack of funding has led to a range of gaps in service provision. As several providers mentioned, there is a lack of promotion of services, which means many parents are not aware of support that might be available to them. With current resourcing, it is unclear what the result of advertising and wider promotion would be. Interest in programmes would increase, resulting in longer waiting times for programmes in the short term. Over the medium or long term, promotion may also attract a greater number of facilitators and enable wider access to funding, such that overall service provision would increase.

One provider stated that the funding shortfall has seen statutory access to services limited to those in a high risk category, while lower risk families are excluded. The same provider stated that government support for middle income families was insufficient in regard to statutory services. While the Working for Families

programme was commended, additional support is needed to ensure better access to services for middle income and lower risk families.

One provider mentioned that while there are too few programmes overall, at times suboptimal decisions are made with the resources that do exist:

“There has been a history of service groups bringing ‘experts’ ... to the area. These events attract large numbers but don’t offer any follow up support locally. This is a big letdown for parents that feel they need further support with parenting.”

Another provider stated that more networking was required between parenting programmes. This was further indicated by a respondent who stated they were not aware of other parenting programmes for parents of teenagers. Networking would allow for a sharing of ideas and solutions to problems which may be common to parenting programmes. As a collective, parenting programmes would have a greater ability to seek funding and would be better able to identify where gaps exist nationally. Greater communication would improve information in the sector and thus would support the principle of the Youth Development Strategy Aotearoa that “youth development needs good information.”

Programme providers identified a range of societal attitudes and structures that they felt did not support parenting within New Zealand. At least one provider believed that a lack of after-school activities in some areas creates pressure on parents. It is increasingly common for children to be brought up in a single-parent home or for both parents in two-parent families to work; hence a greater proportion of young people’s time is spent outside of a supervised home environment. More access to after-school activities for teenagers could assist in making a more positive experience for young people. As one provider stated, there is a “societal opinion that suggests that once children go to school, they need their parents less.”

This undervalues the ongoing need for a positive, warm and active home environment for all young people.

Only a single provider identified a lack of youth participation in the design and concept of parenting programmes as a problem.

Youthline identified that a gap in societal perception exists:

“Teenagers are recognised by marketing companies as a growth market for their products but other areas of society do not see teenagers as a group of young people that need specialist and specific services and help.”

Looking
Forward



"We do have ideals for children, but we start where people are at. We communicate with empathy by identifying with the common condition and struggle of all parents."

— Programme provider.

GAPS BETWEEN CURRENT RESOURCES AND BEST PRACTICE

CURRENTLY SOME GAPS exist between services provided and best practice. Possible reasons for these gaps include a lack of resources available to parenting programmes, a lack of recognition of programmes to parent teenagers and a lack of wider societal acceptance of help-seeking. This review does not seek to attribute accountability for these gaps, but rather make recommendations for better future provision of parenting programmes. Thus, issues listed here are followed in the next section by corresponding recommendations. Several recommendations include directions for future research. Gaps identified through this research fall into the six broad categories below.

Accessibility

A potential shortfall exists between programme reach and ideal level of service provision. As service accessibility has not been investigated quantitatively, several elements of accessibility have not been established including: the level of public knowledge of services available to parents of teenagers; the geographic reach of programmes; the availability of positions and waiting times; access to childcare; and the social acceptability of attending such programmes. Further, it is unclear what messages reach parents who would benefit most from participation.

Youth participation

Principles of youth participation discussed in the Youth Development Strategy Aotearoa are not consistently upheld in programme design. Young people should be involved in the design of services from their conception to capture their values and opinions. As stated in the YDSA, “[e]ffective participation can lead to more ‘ownership’ of the activity/idea and help ensure that policies, services and programmes meet young people’s needs” (p 23). While parenting programmes are delivered to parents, the skills must address the needs of adolescents.

Advertising reach

Advertising would improve public knowledge of available services. At present, it is unclear to what extent parents are aware of local services to assist them. However, as programmes have limited advertising reach, it is almost certain that many parents will be unaware of them. While those who choose to seek out such services are most likely able to find them, parents who may require prompting to utilise programmes are less likely to be incidentally exposed. In addition, advertising parenting programmes could help to reduce the stigma currently associated with seeking help for parenting. As already noted, resources are limited. Hence, programmes themselves will generally lack the funding to increase their advertising reach. Assistance external to the programmes may be needed, most probably from local or central government. Further, additional resources may be required for service provision. Wider programme reach with current resources may result in increased waiting periods for programmes, rather than wider delivery.

Resource availability

At present, resources available to parenting programmes are such that many programmes rely on volunteer facilitators. Programme providers acknowledge there is a demand that they cannot meet at the present time. Where programmes are run, some providers have reported waiting lists, and others have acknowledged that a lack of facilitators has meant courses have not been run in areas despite a demand. Funding also underlies a range of other factors in programme provision.

Cost-benefit analysis

A quantitative analysis of the costs of providing parenting programmes contrasted with the societal costs of crime and antisocial behaviour associated with inadequate parenting has not been done in New Zealand. This would be invaluable as a justification for far wider funding of parenting

programmes. Some research exists in New Zealand linking antisocial behaviour in children with later criminality; such research could provide a basis for part of the analysis. In addition, information should be collated to indicate the number of families assisted nationally. Further research on the scope for expanding services may also be required to establish what net benefits would exist with increased funding.

Networking

Better communication and coordination between programmes could be beneficial for providers. Coordinating statistical information around the numbers of families assisted around New Zealand would help build a picture of current service provision, and could be facilitated by increased collaboration between programmes. Collectively, programmes could make a case for better funding using this collated information along with knowledge of their local areas. Such networking could be achieved through formal means, such as forming an association, or through informal means.

RECOMMENDATIONS

1. Further research is required to establish the extent to which service provision is limited by accessibility

Areas of accessibility which need to be established for parenting programmes for parents of teenagers include: geographic availability, availability of positions in courses and knowledge of existing local services. Research may need to census service providers and provide a wide cross-section of opinions from New Zealand parents.

2. Additional research into the social acceptability of attending courses to improve parenting is warranted

It is unclear to what extent social stigmas prevent people from considering parenting courses. Further, attitudes may vary across New Zealand, indicating approaches to improving social acceptability may not be homogenous. Attitudes may also vary between different demographic groups in New Zealand. Priorities for addressing such attitudes may be set where geographic areas or demographic groups align with a greater need for parenting programmes. Understanding the dynamics of different settings may be valuable. As suggested in literature, a school or workplace setting may reduce negative perceptions.

3. Youth participation principles should underpin parenting programmes

In current service provision, little evidence exists for youth participation, as described in the Youth Development Strategy Aotearoa. Youth participation processes would help ensure that content connects with young people and meets their youth development needs. Programme providers or facilitators who are unfamiliar with the Youth Development Strategy Aotearoa should read it and synthesise relevant information into programmes.

4. Wider advertising of programmes

Advertising will increase public knowledge of the services available to parents. The value in wider advertising would need to be evaluated following the research recommended

above. As awareness of services has not been investigated, it is unknown to what extent this will increase demand for parenting programmes. However, advertising will also be a key to normalising help-seeking behaviour as already described. External funding for any wide-scale advertising will almost certainly be needed. However, novel approaches to seeking free advertising by programme providers could improve awareness without increasing costs.

5. Quantitative analysis of societal costs and benefits of providing parenting programmes

Costs of programme provision can be viewed as a long-term investment to reduce costs of later offending which is likely to have been avoided by improved parenting practices. Provided such an analysis demonstrates that the provision of parenting programmes is a cost-effective measure to reduce large costs in the future, this is likely to be the fundamental justification for funding for parenting programmes. As some analyses suggest resources could be best spent as preventative parenting programmes for parents of young children, parenting adolescents could be seen as an issues-based intervention.

6. Child care provision

One specific factor identified by several providers as a barrier to accessing services is the availability of cheap or free child care. It appears that the provision of a crèche facility would increase the access to services for parents who have any children under the age of 14. As many courses are facilitated by volunteers, it may be possible for some programmes to also run child care with volunteers.

7. More facilitators are needed

A bottleneck for many providers is a lack of skilled facilitators to lead programmes. Recruiting able and enthusiastic facilitators will be an essential part of being able to grow programmes to meet a wider demand.

8. Better networking between programmes is required

Increased networking between programme providers is likely to be a key to progress for increased funding of parenting programmes. Better information within the sector will lead to better coordination of information for decision makers. Further, this will assist in supporting the principles of the Youth Development Strategy Aotearoa. However, providers will need to be able to allow for some administrative time to network and share information with other providers.

A part of this may be coordinating and standardising a formalised feedback process for participating parents.

9. Forming an association of parenting programmes in the future will be beneficial.

As members of an association, parenting programmes will have better and more formal contact with each other. An association is more likely to hold positive influence and be in a position to comment on issues regarding parenting. Ultimately, this may see improved funding. Such a formation may not be realistic currently, as little contact exists between many providers.

10. Local research on the efficacy of parenting programmes is required.

Additional research into the results of parenting programmes, including long-term research on the outcomes for young people will be useful as a justification for funding.

Parenting programmes need to be recognised as one part of a wide and sustained societal effort to effect positive youth development. As such, programmes need to be supported by the other societal structures that will assist in creating the environment in which young people want to make positive choices. Separating parenting programmes for parents of young children from those for parents of adolescents is necessary conceptually to justify their individual consideration and funding.

References & Appendix



REFERENCES

- Auckland Youth Support Network (2006). Improving outcomes for young people in Manukau. Wellington: MSD.
- Barwick, H. (2004). Young Males: Strengths-based and male-focused approaches. A review of the research and best practice. Ministry of Youth Development.
- Baumrind, D. (1991). The influence of parenting style on adolescent competence and substance use. *Journal of Early Adolescence*, 11(1), 56-95.
- Bunting, M (2004). Parenting programmes: The best available evidence. *Child Care in Practice*, 10(4), 327-343.
- Cann, W., Rogers, H. & Mathews, J. (2003). Family intervention services program evaluation: A brief report on initial outcomes for families. *Australian e-Journal for the Advancement of Mental Health*, 2(3).
- Cann, W. Rogers, H. & Worsley, G. (2003). Report on a program evaluation of a telephone assisted parenting support service for families living in isolated rural services. *Australian e-Journal for the Advancement of Mental Health*, 2(3).
- Cheng, S. H. (2004). Factors that influence the effectiveness of a parenting program for Asians and Pacific Islanders. The University of Utah, AAT 3133127.
- Coard, S. I., Scyatta, S. A. Wallace, Stevenson, H. C. & Brotman, L. M. (2004). Toward culturally relevant preventive interventions: The consideration of racial socialization in parent training with African American families. *Journal of child and family studies*, 13(3), 277-293.
- Coatesworth, D. J., Duncan, L. G., Pantin, H. & Szapocznik, J. (2006). Differential predictors of African-American and Hispanic Parent Retention in Family-Focused Preventive Intervention. *Family Relations*, 55, 240-251.
- Dean, C. Myers, K., & Evans, E. (2003). Community-wide implementation of a parenting program: the South East Sydney Positive Parenting Project. *Australian e-Journal for the Advancement of Mental Health* 2(3).
- Dumas, Rollock, Prinz, Hops & Blechman (1999). Cultural Sensitivity: Problems and solutions in applied and preventive intervention, *Applied and Preventive Psychology*, 8, 175-196.
- Durlak, J. A. (1998). Common risk and protective factors in successful prevention programmes. *American Journal of Orthopsychiatry*, 68(4), 512-520.
- Fox, R. A., Duffy, K. M., & Keller, K. M. (2006). Training Community-based professionals to implement an empirically supported parenting program. *Early Child Development and Care*, 176(1), 19-31.
- Hallberg, A., & Hakansson, A. (2003). Training programme for parents of teenagers: Active parental participation in development and implementation. *Journal of Child Health Care*, 7(1), 7-16.
- Hendricks, A.K. & Balakrishnan R. (2005). Review of parenting programmes. Wellington: Families Commission.
- Hogue, A. & Liddle, H. A. (1999). Family-based preventive intervention: An approach to preventing substance use and antisocial behaviour. *American Journal of Orthopsychiatry*, 69(3), 278-293.
- Jarvis, C., Trevatt, D., & Drinkwater, D. (2004). Parenting Teenagers: Setting Up and Evaluating a Therapeutic Parent Consultation Service: Work in Progress. *Clinical Child Psychiatry*, 9(2), 205-225.
- Kalil, A. (2003). Family Resilience and Good Child Outcomes: A Review of the Literature. Ministry of Social Development.
- Kazdin, A. E. (1997), Parent Management Training: Evidence, Outcomes, and Issues. *Journal of the American Academy of Child and Adolescent Psychiatry*, 36(10), 1349-1356.
- Kendall, S. & Bloomfield, L. (2005), Developing and validating a tool to measure parenting self-efficacy. *Journal of Advanced Nursing*, 51(2), 174-181.
- Kumpfer, K. L., Bluth, B. (2004). Parent/child transactional processes predictive of resilience or vulnerability to "Substance Abuse Disorders". *Substance Use & Misuse*, 39(5), 671-698.
- Kurz, D. (2002). Caring for Teenage Children. *Journal of Family Issues*, 23(6), 748-767.
- Leon, A. M. & Armantrout, E. M. (2007). Assessing families and other client systems in community-based programmes: Development of the CALF. *Child and Family Social Work*, 12, 123-132. ©
- Lim, M., Stormshak, A., & Dishion, T. J. (2005). A one-session intervention with parents of young adolescents: Videotape modeling and motivational group discussion. *Journal of Emotional and Behavioral Disorders*, 13(4), 194-199.
- Mackay, R. (2003), Family resilience and good child outcomes: An overview of the research literature. *Social Policy Journal of New Zealand*, 20, 98-118.
- Mahoney, A., Pargament, K. I., Tarakeshwar, N. & Swank, A. B. (2001). Religion in the Home in the 1980s and 1990s: A meta-Analytic Review and Conceptual Analysis of Links Between Religion, Marriage, and Parenting. *Journal of Family Psychology*, 15(4), 559-596.
- McGurdy, K., Gannon, R. A. & Daro, D. (2003). Participation in Home-Based Family Support Programs: Ethnic Variations. *Family Relations*, 53, 3-11.

- Miller, S. & Sambell, K. (2003). What do Parents Feel they Need? Implications of Parents' Perspectives for the Facilitation of Parenting Programmes. *Children and Society*, 17, 32-44.
- Ministry of Health (2002). Your Health: A Guide to Action. Wellington: MOH.
- Ministry of Social Development (2004). New Zealand Families Today. Wellington: MSD.
- Ministry of Social Development (2004). Family Services National Advisory Council: Families Strategic Framework and Priorities. Wellington: MSD.
- Ministry of Social Development (2004). Family Services National Advisory Council: Families Outcomes Hierarchy. Wellington: MSD.
- Ministry of Social Development (2004₂). Family Services National Advisory Council: Families Strategic Intervention Logic. Wellington: MSD.
- Ministry of Social Development (2006). From Wannabes to Youth Offenders: Youth Gangs in Counties Manukau. Wellington: MSD.
- Ministry of Youth Affairs (2002). Youth Development Strategy Aotearoa: Action for Child and Youth development. Wellington: MYA.
- Ministry of Youth Affairs (2002). E Tipu E Rea: Youth Development Activity Kit. Wellington: MYA.
- Ministry of Youth Development (2005). Briefing to the Incoming Minister: Supporting Young people today for a Better New Zealand Tomorrow.
- Mockford, C & Barlow, J. (2004). Parenting programmes: Some unintended consequences. *Primary Health Care Research and Development* 5, 219-227.
- Ralph, A., & Sanders, M. R. (2003). Preliminary evaluation of the Group Teen Triple P program for parents of teenagers making the transition to high school. *Australian e-Journal for the Advancement of Mental Health*, 2(3), 1-10.
- Roker, D. & Coleman, J. (1998). Parenting Teenagers Programmes: A U.K. Perspective. *Children And Society*, 12, 359-372.
- Rooke, O., Thompson, M. & Day, C. (2004). School-based open access parenting programmes: Factors relating to uptake. *Child And Adolescent Mental Health*, 9(3), 130-138.
- Sanders, M. R. (1999). Triple P-Positive Parenting Program: Towards an Empirically Validated Multilevel Parenting and Family Support Strategy for the Prevention of Behavior and Emotional Problems in Children. *Clinical child and family psychology review*, 2(2), 71-90.
- Sanders, M. R. (2000). Community-based parenting and family support interventions and the prevention of drug abuse. *Addictive Behaviors*, 25(6), 929-942.
- Sanders, M. (2003). Triple P - Positive Parenting Program: A population approach to promoting competent parenting. *Australian e-Journal for the Advancement of Mental Health*, 2(3).
- Sanders, M. R. & Morawska, A. (2006). Towards a public health approach to parenting. *The Psychologist* 19(8), 476-479.
- Schuster, M. A., Eastman, K. L., Fielding, J. E., Rotheram-Borus, M., Breslow, L., Franzoi, L. L. & Kanouse, D. E. (2001). Promoting adolescent health: Worksite-based interventions with parents of adolescents (2001). *Journal of Public Health Management Practice*, 7(2), 41-52.
- Smith, E. J. (2006). The strengths-based counseling model. *The Counselling Psychologist* 34 (1), 13-79.
- Spring, B., Rosen, K. H. & Matheson, J. L. (2002). How Parents Experience a Transition to Adolescence: A Qualitative Study. *Journal of Child and Family Studies*, 11 (4), 411-425.
- Todd, T. (2000). An Essay for Practitioners Solution Focused Strategic Parenting of Challenging Teens: A Class for Parents. *Family Relations*, 2000, 49(2), 165-168.
- Turner, K. M. & Sanders, M. R. (2006). Dissemination of evidence-based parenting and family support strategies: Learning from the Triple P—Positive Parenting Program system approach. *Aggression and Violent Behavior* 11, 176–193.
- Waitakere Youth Transition Service (2004). Waitakere Youth Transition Service – Strategic Action Plan.
- Weaver, S. (2001). Teenage Boys Talk: 50 New Zealand Teenagers talk about their lives. Auckland: Random House.

APPENDIX 1: SERVICE PROVIDER QUESTIONNAIRE

1. What services do you provide for parents of teenagers?
2. What do you see as the needs for parents?
3. What issues do you think parents are seeking to address?
4. In what ways do current services meet or not meet these needs?
5. Are these services well utilised?
6. What are the barriers that prevent parents from utilising your resources?
7. What encourages parents to utilise your resources?
8. Do your parent services target a particular population? *(e.g. parents of adopted teens, parenting teenage males/females, parenting teens with ADHD or special needs, single parenting etc.)*
9. What theories, models and or beliefs inform your parent services? *(cognitive-behavioural, social-learning, strengths-based, family systems, intuitive, relationship-based, cultural frameworks or models, religious values, rational-emotive, multi-modal etc.)*
10. What methods are engaged to deliver your parenting services? *(e.g. group-work, psycho-social education, family therapy, counselling, homework, role-play)*
11. What are the aims of your parenting services? *(e.g. develop skills, resolve conflict, learn from experiences of others, develop boundaries, raise awareness etc.)*
12. Is your approach preventative or issues based?
13. What makes a successful parent service?
14. What do you see as currently missing in services for parents of teenagers?
15. What suggestions do you have to meet these gaps?
16. What aspects of New Zealand society support parents and what aspects do not support them?